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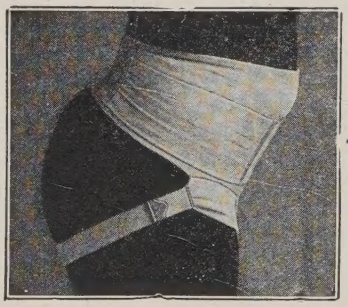

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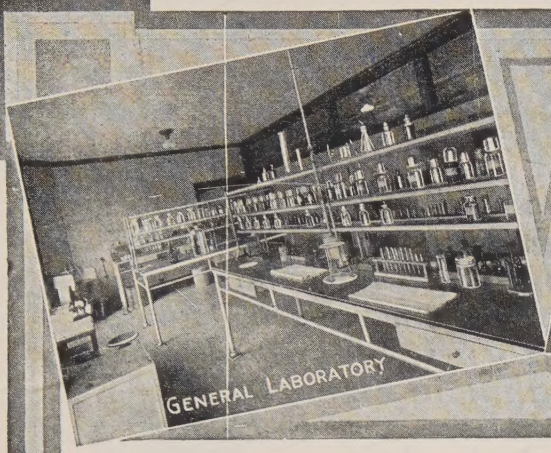

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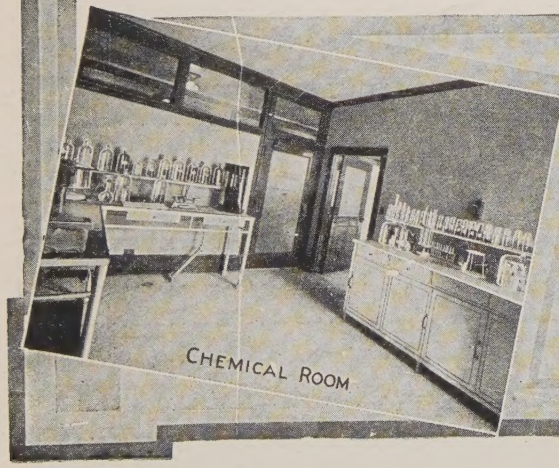

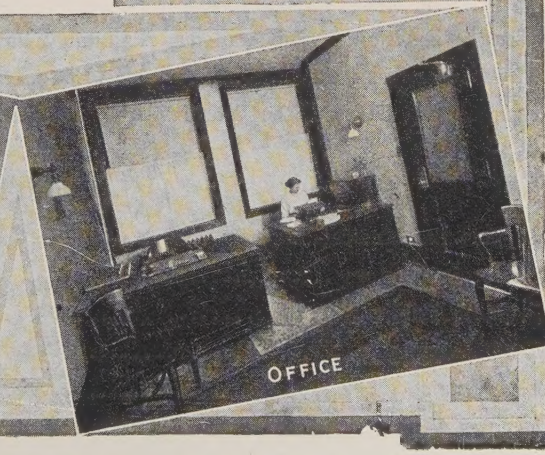

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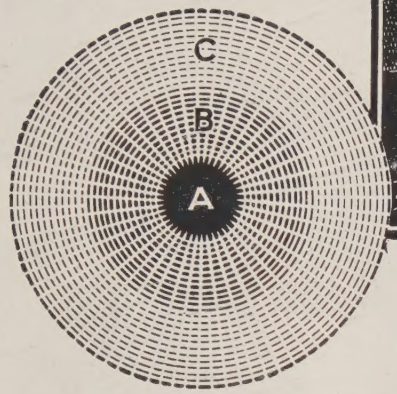

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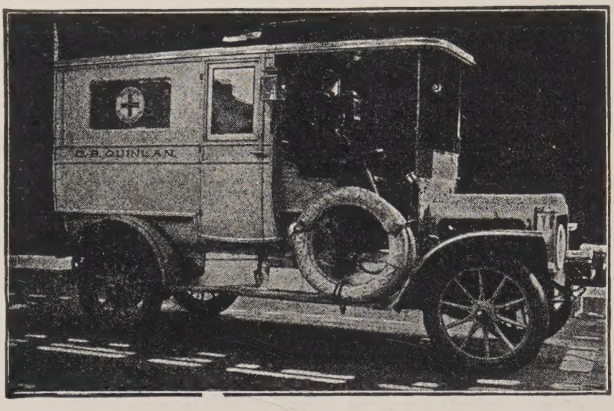

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Original Articles

MASSIVE EXCISION OF SUBCUTANEOUS ABDOMINAL FAT.

AN ANALYTICAL REVIEW OF THE LITERATURE AND A REPORT OF ELEVEN PERSONAL CASES.

By Aimé Paul Heineck, M. D., Chicago, Illinois, Surgeon to Chicago, Jackson Park, St. Paul and Frances Willard Hospitals.

The profession is not sufficiently acquainted with the benefits, cosmetic and physical, that can be secured by the operative removal of large masses of subcutaneous abdominal fat. Fatty pendulous abdominal walls have been looked upon as natural, as irremediable and therefore have received but very little study. It has, however, been repeatedly and amply demonstrated that superfluous masses of subcutaneous abdominal fat can, with safety and with advantage to the patient, be removed by operation.

Fat in excess may be deposited either in the subcutaneous cellular tissue or in the muscular and fascial layers of the abdominal wall, or may be indifferently distributed in all the tissues intervening between the skin and peritoneum. The abdominal wall may contain a layer of fat from three to four and one-half inches thick (4, 5, 20), even six inches thick (25). Jolly classifies abdominal fat accumulations as follows:

(a) The pendulous abdomen presenting changes in the muscular and fascial tissues of the abdominal wall.

(b) Subcutaneous fat accumulations not associated with much weakening or impairment of the abdominal wall.

(c) The combination of a and b.

The essential anatomic characteristic of the morbid entity herein discussed is the pathological accumulation of fat in the subcutaneous cellular tissue of the abdominal wall. In all these cases the abdomen shows a symmetric, at times an enormous (9) increase in volume. The fat excess is present mainly in the lower, anterior and lateral infra-umbilical portions

of the abdominal wall. This superfluous local fat deposit is usually, though not always, a part of general obesity (9, 13). "All these patients were enormously fat" (17). "Patients on admission to hospital weighed 464 pounds. When on her feet, the abdomen hung down to her knees" (6). It may or may not co-exist with other, related or non-related, pathological changes in the abdominal cavity, contents or walls.

As many cases are reported with but few details, attempts to secure adequate and accurate data meet difficulties. A diligent search of the English, French and German literature* yielded seventy-seven operatively treated cases serviceable for analytical study. To these we have added eleven personal cases. We did not use the cases of Babcock, forty cases (1), of Lathrop, one hundred and three cases (14) and others that are too briefly reported.

All the patients were adults. In many cases the exact age is not reported. The youngest, at time of operation, was twenty-five years old (27); the oldest were fifty-six (21), fifty-seven (18) and fifty-nine years (personal case). In the other cases, the age is stated as follows:

26 to 35 years..... 9 cases
36 to 45 years.....18 cases
46 to 55 years.....22 cases

Excessive localization of fat in the abdominal wall is infrequent in men. In our series, there were six males (7, 14, 23, 27 and two personal cases) and eighty-two females. Flabby and sagging abdominal walls overloaded with fat are met commonly in individuals who since early life have been corpulent; the most pronounced forms, however, are seen in multiparae. Thirty-three cases occurring in multiparae, eleven-parae, one case (21), ten-parae, one case (12), etc. It also occurs in nulliparae (9, 10, 16, 25, 26).

Lack of space does not permit the discussion of the many complicating conditions that aggravate the discomfort and disability provoked by pendulous abdominal walls.

Redundant fatty abdominal walls, if uncomplicated, give few symptoms. These symptoms, however, both subjective and objective, are characteristic, are conclusive. All the objective symptoms are demonstrable either to inspection or by palpation. At first, pain and disability are slight. The condition progressing, they and the other associated symptoms increase in severity. "Not much pain at first; the swelling of the abdomen gradually increased as did also the shortness of breath and the great pain in the abdomen, in front as well as in the back." (4).

Pain is influenced by posture and is more marked with the patient in the erect posture. The pain is increased by all forms of exercise. It is lessened and in some cases disappears with rest in the recumbent posture.

*All the publications to be found at the John Crerar Library, Chicago, Ill.

It often has the nature of a painful, dragging sensation, and is lumbar, inguinal and hypogastric in location. These patients are inactive (28); they become averse to all effort, there results a vicious circle, for the increased inactivity leads to increase of the local and general adiposity. In women who near the menopause take on adipose, there not uncommonly forms a huge, pendulous roll of fat across the lower abdomen, below the umbilicus. This pendent fat-mass creates a crease, often madid and eczematous, located just above the symphysis pubic (13). In most patients, the continuous contact and friction of the inferior cutaneous surface of this fat apron and the underlying regions determine an erythema, an eczema, an excoriation, an elephanthiasis (9) of the skin of lower abdomen, of the inguinal folds and in some cases of the upper part of thighs. Some patients present two distinct creases. All the subcutaneous tissues of the hypogastric and iliac regions take part in the formation of these folds which extend transversely from one lumbo-iliac region to the other and which vary in length and thickness. In the recumbent posture, the flabby fatty mass gravitates to either side and sags over the iliac spines and crests (25). The prolapsed tissues show impaired tonicity, impaired resistance. Nearly all the patients are obese; two hundred twenty-seven pounds (24), two hundred forty pounds (4), two hundred eighty-five pounds (13), three hundred fifteen pounds (Gibbon-14), etc.

This excessive fat-deposit hangs apron-like over the external genitalia and the upper portion of the thighs (12), may overlap the upper two-thirds of the thighs (28). "In the standing position, the abdomen hung down in a fold which extended to within two inches of the patella" (25). "The abdominal wall reached below the knees when the patient was standing" (14).

Other subjective symptoms and objective signs are enumerated in conjunction with indications for operation.

Pendulous fatty abdomen must be differentiated from diastasis of the recti abdominalis, with which it may be associated. If it be suspected that the recti abdominalis muscles are abnormally separated, the examination is best conducted with the patient in the recumbent posture. The patient reclining is told to elevate the head as high up as possible without the help of the arms. If the diagnosis be positive, this maneuver separates the inner borders of the two recti muscles from one another, causes a greater or lesser prolapse of the intestine through the gap and enables the examining hand to easily depress the superficial abdominal coverings into the abdominal cavity.

The careful clinician will not overlook or misdiagnose hernias (umbilical, inguinal, ventral, etc.). They frequently co-exist with pendulous abdomen. Their anatomical location and clinical characteristics are suggestive. Hernias give an impulse on coughing, often present a volume larger at times than at others; if intestinal, they give a tympanitic note on

percussion. If no hernia be present, if there be no abnormal separation of the recti muscles, the fat mass can be easily raised from, and made to glide somewhat upon, the underlying resistant muscular wall.

In properly selected cases, large masses of fat can be removed from flabby, sagging, fatty abdominal walls when the excessive fat deposit—

(1) causes great annoyance and discomfort;
  (a) Pain (11, 16).
  (b) Backache (24).
  (c) Dyspnoea on moderate exertion, ascending stairs, walking, bending (27).
  (d) Distressing irritation (3), inflammation of the skin, erythema (7), intertrigo (22), eczema (14), chronic inguinal excoriation (15).
  (e) Pouch-like overhanging of a cumbersome, useless, fatty apron in front of the upper portion of the thighs (6, 9, 12).
  (f) Undue fatigue (21) and painful dragging sensation from the weight of the mass (19).

(2) determines manifest disability;
  (a) Interference with locomotion (27).
  (b) Interference with marital relations (7).
  (c) Interference with the exercise of one's calling (9). "Patient said that she was becoming a semi-invalid and insisted that she be relieved" (6).

(3) constitutes a physical handicap (13);
  (a) Inability to comfortably, to gracefully assume the erect posture; waddling gait (13).
  (b) Inability to attend to the toilet of the lower part of the body (13, 22, 28).

(4) becomes an unbearable social handicap; patient is unwieldy, unsightly, incapacitated for recreation, not sick, not well (2, 13). "The dragging sensation caused by the pendulous abdomen was so great that she was forced to keep off her feet as much as possible" (6).

Resection of large masses of subcutaneous abdominal fat is also justifiable and most serviceable;

(1) In the obese, to lessen the tendency to hernia formation.

(2) In operating for hernia in obese individuals, so as to obtain better exposure of hernial rings and hernial regions.

(3) As an associated, supplementary and terminal step to many abdominal operations: Hysterectomy (Marvel 20); ovariotomy (9); cholecystostomy and cholecystectomy (personal cases); appendectomy (24); uterine prolapse and retroflexio uteri (21). "In association with lipectomy, we have frequently drained or removed the gall-bladder, the appendix or have performed other abdominal or pelvic operations" (1).

(4) As a preliminary step to many abdominal operations so as to

facilitate intra-abdominal work (2); a small fibroid in an atrophic uterus, a retro-cecal appendix, a small gall-bladder tucked away in a deep fossa with a stone in the cystic duct or still worse a stone in the common duct, etc.

(5) In cases in which the careful fitting and wearing of an orthopedic apparatus is not otherwise feasible. "Lipectomy was done to facilitate the fitting and wearing of an orthopedic apparatus for the support of the strained sacro-iliac joints" (16).

The benefits secured from massive resection of superfluous subcutaneous abdominal fat are so evident, so manifest, and the dangers attending the operation are so negligible that even in the absence of any other pathological process calling for an abdominal operation, the surgeon should not hesitate to advise and to urge the excision of these useless, troublesome and cumbersome fat accumulations.

The risks of simple lipectomy, either performed alone or in conjunction with other operative procedures are far outweighed by its beneficent results. It has been successfully performed at the same sitting with operations for the cure of hernia (umbilical, inguinal, ventral, epigastric, incisional), appendiceal, gall-bladder and uterine disease, etc. In the eighty-eight cases furnishing the subject-matter of this paper, only two deaths are recorded. One patient, operated upon for umbilical hernia and pendulous abdomen, died from embolism (29). MacLean's (16) patient, operated on for pendulous abdomen and incisional hernia died from peritonitis on the fifth post-operative day.

Lathrop (14) operated one hundred three cases of umbilical hernia. In fifty-seven of these, he removed some excess fat. In the remaining forty-six cases, he performed a regular lipectomy. He reports one death which occurred 22 days after operation. The patient, a man weighing 325 pounds, from whom twenty-two pounds of fat had been removed, did well for two weeks; then his kidneys began to fail and he gradually succumbed.

In twenty-four cases of our series, a simple lipectomy was performed (2, 7, 12, 13, 14, 16, 21, 22, 23, 25, 26, 27 and five personal cases). In simple lipectomy the operative procedure is limited to the massive retrenchment of redundant subcutaneous fat and overlying skin. The incisions extend through the skin and fat, down to the fascia and not beyond.

In the remaining sixty-four cases, the lipectomy either preceded or followed, but always at the same sitting, operative steps for the cure of—

(a) an umbilical hernia (2, 4, 5, 6, 10, 13, 14, 16, 17, 18, 21, 28, 29);

(b) an epigastric hernia (3 and one personal case);

In (a) and (b) the overlapping of flaps leads to local elevation or ridge formation. This need not disturb the surgeon; the fortifying of the abdominal wall has been accomplished.

(c) a large ovarian cyst and umbilical hernia (9 two cases) and (one personal case);

(d) a ventral hernia (Gibbon-14);

(e) an incisional hernia (15, 24);

(f) uterine disease (uterine fibroid) (Marvel-20);

(g) uterine prolapse (21);

(h) appendicitis (24 and one personal case);

(i) gall-bladder disease, cholecystostomy or cholecystectomy (2 and one personal case);

(j) diastasis of the recti abdominalis muscles (15).

Lipectomy has also been performed—

(a) to facilitate intra-abdominal work, by making intra-abdominal organs more accessible;

(b) to assure a better adjustment of orthopedic appliances (16).

Different operative procedures are employed for the cure of the condition under consideration, each operator being partial to the method which has given him the most satisfactory results. Whatever technique be used, it is all important and it must always be adapted to the case at hand that the integrity of the abdominal muscles, fasciae and properitoneal fat be fully respected. Only the skin and fatty mass immediately subjacent to it and directly in front of the fascia are to be removed.

The operation which we perform and recommend is entirely different from that performed by Creveling and others who, to restore the abdomen to normal size and contour, carry their incisions through the entire thickness of the abdominal wall into the peritoneal cavity. Bear in mind that we are not considering here prolapsus of all the abdominal coverings. We are only discussing the removal of excessive subcutaneous fat accumulations.

In the reported cases the amount of fat removed varies; and here it is well to note that many operators state with emphasis that they could, with much additional benefit to the patient, have removed more fat than they actually did. The completeness of the fat-removal is a measure of the freedom from fat thereafter of the part operated. Enough fat should be removed to completely eliminate soreness from chafing. It has been our practice to remove the mass in one or two pieces. Concerning the quantity of excised fat, different clinicians express themselves as follows: "Several pounds of fat and skin" (4). "From one-half to fourteen pounds" (1). "The mass was so long that as I held one end up high in my hands at breast level, the other end dragged on the floor and it was so heavy that it was difficult to keep my hold" (13). "The specimen removed was one yard and three inches long, one and one-half feet wide, three inches thick at the edge and weighed seventeen pounds" (5). "Removed a wedge of fat weighing thirty-two pounds" (Clark-14). "The flap of belly-wall fat removed together with the hernial contents weighed forty pounds" (10).

After having performed several lipectomies, the surgeon experiences little difficulty in deciding how much fat it is judicious to remove. The removal of one large wedge-shaped fat-block, occasionally two, rarely three, usually suffices. As the patient lies in the recumbent position, the fatty mass gravitates to the sides and can be picked up, can be lifted up as a great ridge or fold lying across the abdomen. The operator grasping this mass in the center, pulls it up and away from the body and circumscribes it by two incisions, one passing a little above and the other a little below the lines of deflection.

It is preferable that the incisions be clean-cut, made with one or several long sweeps of a broad-blade scalpel or short amputation knife. The length of the incisions has little appreciable influence on the outcome of the operation. "The incisions were twenty-one inches long" (17). "Incision was twenty-seven inches in length; there were four hundred square inches of raw surface" (15). "After being sutured, the incision measured twenty-two inches in length from flank to flank" (4). "When stitches were removed, the abdominal incision had contracted until it measured only twenty-seven inches from side to side" (6). Patterning by slicing is bad practice. Small hacking cuts are to be condemned. The smoother the fat surface, the better the approximation. Two initial incisions usually fulfill all requirements. These two incisions converge into one upon the fascial layer, thus no undermined surfaces, no pouches for the accumulation of wound secretions are left. Sufficient skin must be left for approximation. Let there be no undermining of the wound edges.

In the reported cases, dissimilar incisions differing in type, in length, and in location, were employed. Most operators used two transverse elliptical incisions joined at both ends (5, 6, 10, 14, 16, 17, etc.). In some cases, the upper incision was supra-umbilical; in most cases, both incisions were made below the umbilicus. The incisions, starting at either the anterior, or middle or posterior axillary line of one side cross the abdomen and terminate at a corresponding point on the opposite side. Castle (5) began his upper incision two inches lateral to the spinous process of the lumbar vertebra and carried it above the umbilicus, across the abdomen, to an analogous point on the opposite side. The ends of this incision were joined by a second transverse incision crossing the abdominal wall above the pubes. These two incisions outlined an ellipse. Cullen (6) circumscribed a large transverse elliptical area which, after removal measured thirty-six inches from side to side and nineteen inches from above downward. Shallenberger (24) by means of a double infra-umbilical incision going from flank to flank embraced an elliptoid area of skin 45 cm. long and 15 cm. at its widest part.

In selecting incisions, we are guided as to length, type and location by various factors: such as, the existence or absence of complicating conditions, the nature of the other indicated operative steps, the amount of

fat to be removed, the patient's general condition, etc. For the excision of large wedge-shaped fat-blocks, we have adopted and recommend two transverse elliptical incisions, beginning well over on one side and extending to corresponding points on the opposite side. These two incisions converge toward the fascial layer. Many other operators follow the same practice. If an abdominal section is to be performed at the same sitting, the fat is first removed by means of a double transverse incision. This having been done, one proceeds to enter the abdominal cavity by a vertical incision through the rest of the abdominal wall. Bullitt (4) completed his operation for umbilical hernia; then prolonged, in both directions and to both flanks, the horizontal incision which he had made. A second transverse incision joining the ends of the first incision was then made; at its midpoint, it was about seven inches below the first.

Transverse incisions have the disadvantage of increasing the already large waist measure and of leaving at each end of the wound an unsightly projection. To avoid these, Babcock (1) removed a small vertical ellipse of skin near each end of the transverse incisions. If transverse incisions be used, the approximation and the apposition of the flaps is effected more easily, the liability to post-operative separation of the wound-edges is minimal, primary union (4, 9, 10, 20, 22, 28) is frequent, delayed healing is not rare (16) and long-delayed cicatrization is very uncommon.

Longitudinal incisions found favor with few clinicians. Frist (9) made two longitudinal incisions, 70 cm. in length, outlining an ellipse that extended from about a hand's breadth below the xyphoid cartilage to a hand's breadth above the symphysis. At their point of maximal separation from each other, each of these two incisions was fourteen centimeters external to the corresponding mamillary line. The wound edges having separated in a few places, healing was delayed. Spaulding (25) made an elliptical incision on each side of the median line. Each incision extended from just below the breast to the center of Poupart's ligament. He removed the integument and fat six inches thick down to the sheath of the abdominal muscles.

In some cases, we made two elliptical vertical incisions at each end of the transverse incisions and were thereby enabled to remove two additional wedge-shaped fat-blocks. Babcock (1) recommends removal of a vertical ellipse of skin and a vertical line of closure. He alters the shape of the ellipse so as to best contour the waist and upper pelvis. In order to remove a large amount of subcutaneous fat, he widely undercuts the skin. This practice is avoided and condemned by most operators. Schepelmann (21) uses a "lyraform" incision. I have had no experience with it.

Though multiple incisions, patterning by slicing, hacking cuts, undermining of wound-edges, excision of vertical fat-blocks are not conducive to the most aesthetic and satisfactory results, they have been practised by some. For instance, Ballard removed fat and skin from above downward

as well as from side to side. To quote his own words: "I removed an elliptiform piece of tissue down to the fascia extending from within three inches of the symphysis pubis and eight inches at its greatest width. I then removed two large V-shaped strips transversely from about the center of the perpendicular incisions."

Fat is a tissue of low vitality and special care must be taken that there be little or no accumulation of serous or sero-sanguineous fluid between or beneath the flaps. Retained wound secretions retard healing, invite infection. A drain is inserted at either end of the wound; if the wound be long, a drain may also be inserted at its center. Closure is effected by approximation sutures of silkworm-gut. For the exact apposition of the wound edges, we use linen. In these cases, I frequently advise the application of hot boric acid compresses to the operative wound for from two to three days; these fomentations are to be renewed every four hours. The drains are removed as soon as the discharge warrants it and the patient is kept in bed for about fifteen days. The result of the closure should be a smooth abdomen with a linear scar (7, 13, 27) and without any hanging folds (19). "The pendulous appearance being entirely removed and replaced by a simple large pronounced ridge" (4). Some patients during the first few post-operative days complain of abdominal tightness, of abdominal constriction (18). It calls for no special treatment.

PERSONAL CASES

Case 1. Female, 46 years old, 5-para, weight 265 pounds. Complains of dyspnoea on exertion, is apathetic and tires easily. There is great disinclination for all forms of exercise. Palpation outlines with difficulty a mass in abdominal cavity; it proved to be a left multilocular ovarian cyst. Operation: Ovariotomy and excised a wedge-shaped mass of fat and skin weighing thirty pounds. Cyst weighed 9.90 pounds. Patient left hospital at the end of fourth week with wound completely healed. Post-operative treatment: Dietetic. Patient was seen five years later. Shortness of breath had completely disappeared and she is able to do all her own housework.

Case 2. Female, 52 years old, tertipara, three abortions, menopause at 43 years, weight 240 pounds. In the dorsal position, the pendulous abdomen is on the level with the perineum; in the erect position, it is a couple of inches lower down. There is a very distressing irritation of the skin in the crease made by the transverse abdominal fold. Operation: I excised a mass of fat and skin weighing eighteen pounds. For a few days, fatty serum escaped from both angles of the wound. Patient was seen three years after operation. She expressed great satisfaction as to the cosmetic and physical improvement.

Case 3. Female, 49 years old, two-para, weight 240 pounds. For last four years has noticed a small but painful epigastric swelling in the median line. Condition was misdiagnosed and treated for dyspepsia. Since

birth of her last child, there has been a gradual increase in size of the abdomen and an increase in body-weight. Patient has a waddling gait and is unable to give lower part of her body the proper care. Patient's condition has unfavorably influenced her home life. Operation: Radical cure for hernia and removal of a mass of fat and skin weighing nineteen pounds. Uneventful recovery. She was seen six years after operation. Fatty accumulation and hernia had not recurred.

Case 4. Male; 44 years old; ex-saloonman and office holder; weight 320 pounds. Patient suffers from general obesity and is much handicapped by his physical infirmity. He was subjected to dietetic and medicinal measures for two months and, during that time, reduced 18 pounds. Patient begged for operative relief. A mass of fat and skin weighing thirty pounds was removed. He was kept under observation for two months after leaving hospital and lost an additional sixteen pounds. When seen two years later, improvement had maintained itself. It must be stated that patient has since been very careful as to his diet.

Case 5. Female; 47 years old; four-para; weight 275 pounds. Has had several attacks of acute appendicitis. For last six months more or less constant pain in the appendiceal region. Suffers from the inconvenience and discomfort incident to a fatty, pendulous abdominal wall which, in the erect posture, hung down in a fold which extended to within three inches of the patella. Operation: Removal of a chronically inflamed appendix bound down by adhesions and retrenchment of a mass of fat and skin weighing twenty-eight pounds. Patient was seen eight years after operation and is in good health. She does all her own housework, has no digestive disturbances, and there has been no increase in weight.

Case 6. Female; 48 years old; six children; weight 290 pounds. Menopause at 40 years. Applies for relief from fatty abdominal wall which she says is cumbersome, unsightly, painful, making walking and her household duties difficult and very fatiguing. Excision from the abdominal wall of a slab of fat and skin weighing 29½ pounds. During the first few days after operation patient suffered from pulmonary congestion; otherwise recovery was normal. Discharge of a serous fatty fluid from both angles of wound. Patient left hospital at end of four weeks. Wound was completely healed. She was seen four years later and was well pleased with the results obtained.

Case 7. Female; 46 years old; nulli-para. Menopause at 41 years. Mass in lower right abdominal quadrant. Weight 275 pounds. Laparotomy: Removed an ovarian cyst the size of a child's head. Also excision of twenty-two pounds of subcutaneous fat and skin. Recovery. Left hospital on 22nd day.

Case 8. Male; 53 years old. Boss-baker. Hearty eater; heavy drinker. Weight 315 pounds. During the last few years has had several attacks of biliary colic. Tenderness in right hypochondriac region.

Cholecystectomy and tubular drainage through right lumbar region for five days. I also removed thirty-five pounds of skin and fat. Healing by first intention with exception of two stitch abscesses and collection of clear serum in the region of the left angle of the wound which we squeezed out; otherwise recovery was uneventful. He reported six years later. The pendulous appearance of the abdomen was no longer existent, being replaced by a single transverse abdominal linear cicatrix.

Case 9. Female; 52 years old; six-para. Menopause at 41 years. Weight 265 pounds. Has been treated for last eight years for dyspepsia. Complains much of eczematous condition of skin beneath transverse abdominal fold. I removed a 30-pound slab of fat and skin before opening abdominal cavity. I had intended to do a cholecystectomy. After exposure of the gall-bladder the patient taking the anesthetic poorly, I was alarmed and did a cholecystostomy. Removed over four hundred small biliary calculi. Patient left hospital on the 28th post-operative day. Biliary fistula was still discharging and closed in about a month.

Case 10. Female; 46 years old; nullipara; weight 250 pounds. It was a case of general obesity with pendulous abdomen overhanging upper third of thighs. Patient was much annoyed by her corpulency which abdominal binders and corsets could not conceal and had failed to relieve. Physical condition good. Removed a mass of fat and skin weighing twenty-eight pounds. Patient complained of distressing tightness in the abdomen which completely disappeared in a few days.

Case 11. Female cook; 49 years old; nullipara; weight 272 pounds. Menopause at 42 years. Pendulous fatty abdomen was such a physical handicap that patient had to abandon her position. She was mentally depressed by her infirmity. I removed thirty-seven pounds of skin and fat. Patient was seen three months after operation. She was happy and back at work.

SUMMARY

In suitably selected cases, the operative removal from the abdominal wall of large wedge-shaped masses of subcutaneous fat has the following advantages:

(1) It is a safe and invariably beneficial surgical procedure. It has always been performed under general surgical anesthesia; never under local or spinal anesthesia.

(2) It is always devoid of immediate or remote dangers to the patient; though the wound be extensive, the hemorrhage is moderate and healing is good.

(3) It is simple of execution, and, if unassociated with another operative procedure, the technique is easy and the performance of the operation does not consume much time. It is all important that the incisions be carried to but not beyond the fascia.

(4) It may be the only operation indicated and performed in the case at hand.

(5) It is, at times, called for as a preliminary operative step to facilitate intra-abdominal work and to give better access to intra-abdominal organs.

(6) It is not infrequently employed in conjunction with other operations. The operator retrenches an unwieldy, useless, pendent mass of subcutaneous abdominal fat and at the same sitting brings relief to, or corrects, co-existing pathological abdominal conditions.

(7) It eliminates a physical handicap, effects a marked improvement in the patient's appearance and general well-being and procures complete relief from an unsightly, painful and disabling deformity (23).

(8) It gives permanent results (17), if post-operative instructions regarding diet and exercise are followed. Adipose tissue, when excised, never fully regenerates.

(9) It secures the following benefits:

(a) Diminution in weight. "At time of patient's departure from the hospital, she weighed seventy-five pounds less than at time of entrance" (5). "On discharge, the loss in weight was about ninety-three pounds" (9).

(b) Freedom from discomfort, local and general, and from the disability incident to cumbersome, burdensome, pendulous fatty abdomen (12, 22).

(c) Improvement in the patient's general appearance, the hippopotomal abdominal wall being converted into a straight front. Improvement in pose; body is no longer awkwardly balanced and gait ceased to be waddling. Patient is enabled to resume his or her occupation.

(d) Patient, after its performance, can occupy a more normal, more natural and more useful relation to society.

(e) The patient can be more active, can give better personal attention to the body, can give his or her work the necessary attention and necessary application (7).

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THE GORGAS MEMORIAL

During the past year, throughout the United States, the work of organizing the Gorgas Memorial State Governing Committees has been progressing. In some states the response has been most enthusiastic, while in others considerable effort has been necessary to bring home to the doctors the importance of this movement to them, individually and collectively. Inasmuch as the Gorgas Memorial is primarily a medical movement and as such must have the united support of the profession if it is to make the proper impression on the general public, we take this occasion to outline briefly the Gorgas plan and to request the co-operation of our colleagues in bringing to a successful issue this national health program.

We are planning to establish a memorial for our former chief, Major General William Crawford Gorgas, not or marble or bronze, but a permanent living organization in the form of a great health foundation typical of his work in research and curative medicine, that will unite laymen and doctors in an intelligent effort to obtain better personal health—a health guide that will be supported and directed by the representatives of curative medicine.

The Gorgas memorial consists of two phases:

1. An institution in Panama for research in tropical diseases.
2. A health educational program in the United States and other countries that wish to co-operate and participate in the movement.

We are living in an age when people are knocking at all doors of knowledege and demanding that they be admitted. In the field of medicine who are so well fitted to meet this demand as those actually engaged in the practice of medicine? The doctors have a far more interesting and important message to deliver than any other group.

In the United States today there is scarcely a community that has not its quota of irregular "medical practitioners," so called. In many states there are strong organizations of the representatives of the various

cults, whose theories are imposed upon an uninformed public. Public ignorance is encouraged by professional reticence and the result is the astounding growth of unscientfic methods. If the profession is to maintain the high standing to which centuries of labor in behalf of suffering mankind entitles it, it is essential that a definite organized effort be made to familiarize the public with such facts as will impress upon it the importance of medicine's contributions to human welfare. A constant fund of proper health information through the newspapers, magazines, lectures, moving pictures and the radio, furnished by medical men and women of known reputation and standing, will direct the public to the proper source for medical advice and gradually eliminate the irregular practices constantly increasing.

One of the objects of the Gorgas memorial is to furnish a channel through which this kind of information may be disseminated. It cannot be done by individual physicians. It must be conducted by a dignified, ethical organization, controlled by the medical profession. The name of Gorgas is synonymous with "better health". No more appropriate name could be adopted for a movement that has for its object *the development of co-operation between the public and scientific medicine for the purpose of improving health conditions by implanting the idea in the mind of every individual that scientific medicine is the real authority in all health matters and as such should be recognized as the source of health instruction.*

Before we ask the public for financial and moral support, it is essential that the doctors of the country unite in support of this program. As a means to this end, governing committees are now in process of organization, on the basis of 100 members to every 1,000,000 populaton in each state. Seventy-five per cent of the personnel of each committee will consist of medical men and 25 per cent of influential laymen and women. The permanent activities of the organization will be supervised by these committees in their respective states, in co-operation with the National Executive Committees.

An organization cannot operate without funds. We are endeavoring to raise an endowment of $5,000,000, the interest only of which will be utilized to carry on the work. The principal will be invested in trust securities and remain intact. None of the money thus obtained will be spent for buildings or equipment. The Republic of Panama has donated the site and guaranteed the intial buildings and equipment for the tropical research laboratories, in recognition of Gorgas' great work in Panama. Those invited to serve as founder members of the State Governing Committees are requested, as they accept membership on the committee, to subscribe $100 to the endowment fund, payable within two years. Every individual on the State Committee is a contributing member. When the medical nucleus of the organization is complete, a general appeal for funds will be made to the public.

The American Medical Association at its recent meeting in Chicago passed the following resoluton:

"RESOLVED, That the House of Delegates of the American Medical Association, convinced of the great promise which the Gorgas Memorial contains of benefit to humanity through improved knowledge of preventive medicine and tropical diseases, and of its peculiar adequacy, as a tribute to our great leader and sanitarian, recommend to the organized profession of the country, through its constituent state and county societies, the enthusiastic support of the project."

J. A. Witherspoon, Tennessee
Joseph Rilus Eastman, Indiana
Thomas Cullen, Maryland
W. H. Mayer, Pennsylvania
F. B. Lund, Massachusetts

The memorial has also been endorsed by numerous other medical and civic organizations.

Every doctor is requested to take a personal interest in the Gorgas program and to see that his community is adequately represented on the State Governing Committee. Each County Society should appoint officially at least one of its members to serve on the State Committee. This is one foundation that is controlled by the practitioners of curative medicine and as such should be supported by every practicing physician. Let us pull together, "the doctor for the doctor".

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Gilbert Fitz-Patrick
Seale Harris
W. H. G. Logan
Samuel J. Mixter
G. H. de Schweinitz
Rear Admiral E. R. Stitt
George Crile
William D. Haggard
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THE MILITARY ORDER OF THE WORLD WAR*

By Major-General George H. Harries

In response to the unanimous request of your Chapter in session at the Adventurers' Club, Tuesday evening, October 28, 1924, I am presenting to you information with respect to purposes and ideals of the Order to which you belong.

The request surprised me, for Chicago Chapter has been in existence these four years past and each member thereof has, undoubtedly, received his copy of the monthly National Bulletin. Furthermore, they must have received the independent calls to duty circulated so liberally by the National Committee on Membership. All these publications, in combination, have contained the desired information. It, therefore, became evident that printed expositions of our doctrines have failed to accomplish because they have not been read.

All that, however, is of the past. Chicago Chapter is now alert and anxious to achieve a premier place in the national organization. It should be the most potent for good of all our chapters. I have no doubt it will be when it realizes the character and dimensions of its opportunities.

The mission of the Military Order of the World War is outlined in the preamble to our Constitution, and it is our duty to make effective, by word and by deed, the creed to which we have subscribed.

The Military Order of the World War is not a Memorial Association. In this period it has no time to devote to pleasing but unprofitable reminiscences. Ours must be the long look ahead. We have no objectives. The past is valuable only for the experiences gained; out of it we get incontrovertible testimony with which to emphasize our demands for rational military preparedness.

The Military Order of the World War is the logical successor of the Society of the Cincinnati (organized by Washington at the close of the Revolutionary War); the Aztec Society, of the War with Mexico; the Military Order of the Loyal Legion, of the Civil War, and the Naval and Military Order of the Spanish American War.

With the exception of the Loyal Legion, during its earlier years, the organizations mentioned have been purely social in their aims—mainly intent upon the celebration of anniversaries. With us the social feature is incidental. We came into existence when the entire world was greatly disturbed; when our national problems were uncommon and serious. Then it was that the preamble to our Constitution was written and the policies of our Order determined.

Except in the matter of good works there is no competition between

*Address to the members of Chicago Chapter of the Military Order of the World War, Nov. 25, 1924.

ourselves and other bodies of military origin. Our relationship with all of them is harmoniously fraternal. We desire to be true comrades.

At this point I desire to emphasize the fact that this Order of ours is the only officers' society in which membership is confined exclusively to those who served in the World War, and the further fact that it is the inevitably ultimate organization for all who served honorably in that conflict.

Within a few years the Officers' Reserve Corps will consist wholly of those who were too young to be of our armed forces in 1917-18. The same condition will prevail as to the National Guard and the Naval Reserve. Only in our assemblies will be found fitting place for those who were of the commissioned personnel during the war period.

We can accomplish greatly:

In furthering all movements to provide adequate national defense;
In the guilding of those who cannot lead;
In making even the suggestion of treason odious;
In the preservation of order;
In the discouragement of criminal or thoughtless pacifism;
In proving that "the patriotism, valor, fidelity and abilities" emphasized in our commissions are as actively effective in peace as they were in war;
In caring for the war-disabled, whether enlisted or commissioned, and in seeing to it that their dependents are not neglected;
In renewing the joys of comradeship whether in civic or military duties;
In the rededication of self to service unselfish; and
In the doing of all things that aid in honoring and protecting the sacred colors beneath which we pledged all we have and all we are.

After generations of effort we, at last, have a National Defense Act, but we lack congressional appropriations with which to make it truly effective. Yours is the opportunity to impress upon your senators and your representatives the necessity for much more support than has yet been in evidence. Our navy is lamentably far below treaty strength. Our situation afloat is truly pitiable. As to this, of course, you have constant information in the public prints.

Our Order has resolved that, so far as we can make it so, no man of our men shall ever go to war again while ignorant of war-like methods and, therefore incapable of defending either himself or his country; that the nation which calls him to its most hazardous service shall give him a fighting chance by teaching him how to prepare for deadly combat with those who inevitably will (when, no man can predict) seek to destroy our institutions and subjugate our people.

Because there was lack of such instruction we sorrow pridefully over departed thousands whose brave young lives were sacrificed on the altar of a deadly and still persistent pacifism; slain—superbly courageous as they were—not really by the armed enemy but by those of their own people

who fatuously declared that there never would be—never could be—another war.

So, let us fight! Fight ignorance! Fight sophistry! Fight the anti-American propaganda which thinks itself hidden behind a proper desire for rational economy. Fight the destructive fluency of Debs and his kind. Fight loose-speaking as to courts of justice. Fight for the law and for unswerving equality before the law. Fight for adequate national defense.

There can be no reason why those who bear commissions as leaders should, when their cause is good, avoid any variety of strife. Remember that leadership was your specialty. What is your specialty now?

Early last August there was sent to each member of our Order the following from your Commander-in-Chief:

"This is a call to arms! Not that we may, as aforetime, strive boldly with foreign foes but to the end that our country be guarded from the possibility of 'fighting without' and well founded 'fears within.'

This is not primarily a military matter. It is a civil conflict, in which our adversaries are, in great part, our fellow citizens; people we know in daily life; men and women of our own land who are heedless of the teachings of history and unmindful as to the future. Of such are the emotional who advocate a world-disarmament; who deem "the outlawing of war" to be a practicable procedure; who demand the abolition of all varieties of national defense—not knowing that their activities are accepted and applauded by those who are subtly endeavoring to substitute Soviet tyranny for constitutional government.

Others there are who deceive themselves into imagining that they are admirers of socialism and who contribute to its war chest. Others are inveterate socialists, followers of Rousseau, whose doctrines, strategically made effective by that fiendishly-capable German arch-plotter, Adam Weishaupt—brought the French Revolution and subsequent Communistic outbreaks into being. Still others, not knowing what they are, think they are socialists. Well was it Scripturally said that "A man's foes shall be they of his own household."

It is with these of our people that we must strive, for they are the flying sparks that threaten. Here is real opportunity for the loyal ones who will think clearly, speak courageously and be calmly steadfast. Because our front is now being attacked is no reason why we should neglect our interior lines. Treachery in the camp is more to be feared than the open foe.

Then there are others (many in places of authority) who forget or ignore Washington's message to Congress when he said: "To be prepared for war is one of the most effectual means of preserving peace. A free people ought not only to be armed but disciplined." Never—in spite of disastrous experiences—has that advice been heeded.

Not until four years ago was there a shapen plan which would

authorize the organization of a force competent. We still have the plan, together with a Regular Army personnel which is less than one-half of the peace-time strength authorized by the National Defense Act. The National Guard is fighting its way back to numbers and efficiency. The Officers' Reserve Corps survives despite legislative heedlessness and unpatriotic efforts to destroy it completely. Our navy is steaming its best to keep away from the nearby lee shore. Fourteen of our eighteen battleships are sadly in need of modernization. The fleet lacks the fast cruisers, the up-to-date auxiliary craft and the 85,000 additional men it must have before its status will give us the position among nations agreed upon by the Washington Conference; a status which millions of our citizens believe we have.

Our duty is evident. Our primary objective is greatly increased membership in the Military Order of the World War. Every additional companion means additional power to remedy existing national defects. More of companions who are actively alert in the country's behalf means increased fighting capacity. If, for one reason or another, you are unable to serve afloat or to go over with the combat platoons, you may stand by the guns or do some kind of duty with the support or the reserve; or you can busy yourself at a base in sending up the supplies which are essential to the maintenance of the front lines.

You know many brother-officers who are eligible for membership. A few earnest words from you and they will surely be of us.

How many members have you secured? How many members can you get? When are you going to get them?

A Palace of Quackery in Former Years.—Lecturing on "Universal Cures" at the Royal Society of Medicine, Wimpole Street, London, W., Professor A. J. Clark, of London University, told of some extraordinary forms of quackery.

He began with Mesmer, an Austrian physician, who had a famous tub containing an imposing collection of electrical apparatus possessing alleged marvellous powers of healing. In Paris he enjoyed the support of a large and powerful section of society, but when the Government appointed a commission to examine the apparatus it was found that no electrical effect could be produced.

"But Mesmer did discover something," said Professor Clark, "namely the extraordinary effects that suggestion can produce in disease."

In 1780 James Graham, who had studied medicine in Edinburgh, went to London and converted a large house in the Adelphi into one of the most remarkable palaces of quackery that has ever been known.

"This temple of health was furnished with the most lavish ornateness. Statutes, armour, paintings, immense pillars and globes of glass, plates of burnished steel, and electrical apparatus of every description.

In the Grand Apollo apartment the patient sat upon a thrown under a crown from which electrical discharges were produced.

Graham gave lectures on sterility, the fee for attendance being 6 gs, and he had a "celestial cough," guaranted to cure sterility, for the use of which he charged £50.—London Daily Mail.

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SUPPORT THE MEDICAL SOCIETIES

All human welfare work is based upon a knowledge of man's frailties. The medical profession is at the rock bottom of this knowledge. The medical profession deals in human frailties and has classified the various diseases and conditions that are the cause of frailties. They have found the means of banishing most of the more dangerous and dreadful of these diseases. It has found the way of controling or preventing nearly all disease. Medical knowledge is the foundation from which all branches of human welfare work have arisen.

The result of medical effort plus welfare work is an increase in the length of life throughout the civilized world. The active efficiency of our days is now advanced well up to the age considered the limit of life in the times of the Psalmist.

Up to recent times the expense of medical education was largely borne by the medical profession. There were few endowed medical colleges forty years ago. Now the public has grasped its importance and have provided means for medical education through the state governments, and through private benevolence.

The societies of organized medicine, embracing the rank and file of practicing physicians, serve as a forum of discussion in the battle against disease and are the bulwark of medical colleges. They are the meeting place of those physicians and surgeons who work in hospitals as well as those who work in city, town, and hamlet, and he who serves the sick in the wide open spaces.

The medical profession support and maintain their own societies, and to many members the tax is burdensome. Those societies, in addition to advancing their purely professional knowledge and other professional interests, contribute, largely through the work of committees, to welfare work affecting the whole community, while the entire cost of treatment of the sick poor is borne by the profession.

Is it not now time that those of the public with means should contribute to the financial support of medical societies?

CALIFORNIA DOCTORS

In view of the fact that so many physicians are going to California for the purpose of the practice of medicine on account of the climatic advantages, it may be well to quote the following from the "California and Western Medicine."

The requirements for license are constantly being made easier and yet the number of unlicensed physicians is increasing. This condition has become so confusing, that journal states, that hundreds of visitors coming to the state bring with them a list of addresses of educated physicians which they consider as necessary in visiting here as if they were going to the Orient. Nearly one in each 100 of population in California is some sort of "doctor," but a comparatively small number of them take out a license of any kind. It is estimated there are 2,000 naturopaths, sanipractors and miscellaneous drugless practioners in the state, 3,000 Christian science healers, 2,000 mental and religious healers, 500 electronic vibrationers, light manipulators and others of this group, 500 mail order "doctors," 500 psychanalysts and others in this group, 2,000 "patent medicine" venders and counter prescribers, 6,000 chiropractors, 2,000 osteopaths, 1,000 representatives of various welfare and uplift organizations who are diagnosing and treating disease without adequate education or license, 500 miscellaneous special fakers not included in the above, 1,000 medical, health, longevity and similar institutes, stores, shops or whatnot that are practicing medicine as organizations and not as individuals, and 8,000 physicians. These figures do not include the large and useful group of nurses, public health nurses, medical social workers and technicians engaged under the supervision of health officers, hospitals and other necessary organizations.

PROMOTE PUBLIC HEALTH; BUY CHRISTMAS SEALS

This is the seventeenth annual appearance of these little seals. They return to us as old friends, for we know that they have helped to cut down the death rate from tuberculosis more than half. There is still much work for them to do; so let us treat them generously.

The tuberculosis Christmas seal s now recognized by everyone. President Roosevelt, President Wilson, President Harding and now President Coolidge and Mrs. Coolidge have been among the first each year to encourage the sale of the cheerful little holiday seals.

In Cook County, 23 public health nurses, assisted by doctors and other health workers, serving at 17 health centers, monthly chest clinics, weekly infant welfare conferences, school dental clinics and general school nursing, beside thousands of home visits and constant educational work, have been provided by these little seals.

During the month of December millions of Christmas seals will make their appearance in Chicago and Cook County. They will be sent to you through the mail and will be on sale in the department stores, drug stores, hotels, and public buildings; they will be sold also in industrial plants and factories and in many schools of the county.

The great work which has been carried on in this way cannot stop—every penny possible must be collected in order that the growing health program of the Chicago Tuberculosis Institute may be developed for the coming year.

If you love little children; if you pity those who suffer; if you want to improve the health of your country (our naton's health record is nothing to be proud of); if you felt thankful at Thanksgiving and can spare a

little to make others thankful, pay for the seals you receive by mail and buy a few more from your corner druggist. Don't fail to help the children in their efforts to raise funds for this noble cause, for they are learning to be helpful, too, as well as healthy.

They add cheer to your letters and gifts!

FRISKY LAMBS

As the members of the medical profession occupy the front row of the "Frisky Lambs" when it comes to playing the stock market, we deem it worth while to reprint the following editorial from the *Chicago Journal* of November 25, 1924:

All forms of gambling are the same in one particular—the winners take a certain amount in profits, and the losers are correspondingly stripped of the same amount. No one gains a dollar unless someone loses a dollar.

This oscillation is rife in the grain and stock markets when buying and selling orders are purely speculative. When one reads of certain stocks appreciating in value some millions of dollars in a day, due to a flood of buying orders, he is prepared to read on another day that the same stocks depreciate some millions of dollars, due to a flood of selling orders.

Real values have probably not changed much in the meantime. One group of speculators has enjoyed the felicity of owning large "paper" profits for a certain period. At the end of the period their paper profits have disappeared, and they may be lucky if they are not in debt to another group of speculators, who took the opposite or "short" side.

It may be trite to tell amateurs they are at the mercy of professionals in a game of this kind. Yet it is true that each year brings an entirely new crop of lambs to the Wall street shearers. Advice may be wasted on those who think their wisdom is greater than the combined wisdom of their shorn predecessors. But there may be some who will not resent the advice of veteran captains of industry who grew rich without speculating.

Those who take large profits out of Wall street are those who can afford to lose. Those who suffer heaviest losses are those who can not afford to lose. In thousands of instances such losses mean the disappearance of savings of a lifetime, often a home, still oftener the necessities of life. Sometimes trust funds are swallowed in the wreck, often penury supplants luxury.

The frisky lambs have had paper profits, and the professionals reap real profits. The winnings of a single veteran operator may represent a thousand individual losses. The lambs crowd to the slaughter in a "boom" market, and when the hour is ripe the veterans let the market drop for the harvest.

It's a wise lamb that doesn't join the frisky ones.

THE VERDICT

[It may interest our readers to read the following review from the *London Times* relative to recent election in England. We are assured by our valued correspondent, Mr. P. J. Sterling Boyd, that this correctly represents the feeling of the vast majority of English people.]

In overwhelming and indisputable strength the ancient spirit of Britain has reasserted itself. That is the real meaning of this election and its issue. Our people felt—and it was a feeling that struck down from the highest social level

to the lowest—that they could no longer tolerate a Government which so egregiously misrepresented them. They were tired of the Labor Party and its strutting airs. They were tired of its make-believe and its mock heroics. They were tired of the contrast between its sanctimoniousness on the platform and its incompetence in office. They were particularly tired of the economy of candor and the unintelligible and unintelligent evasiveness practiced by the Prime Minister; and they ardently desired to be free from the nightmare of recurring elections and to see our Constitutional system functioning once more with its old smoothness and regularity.

The failure of Labor has been profound and humiliating. One achievement only, though that is a great one, stands to its credit—it has helped to set Europe on the road to economic health without impairing the Entente with France. Full marks must be gladly awarded to Mr. MacDonald in that connection. Otherwise, and most of all in his dealings with Russia, he has shown himself a Foreign Secretary with no eye for realities and an equally impulsive disregard of facts and forces abroad and of feeling at home. Nothing more degrading has been witnessed in British politics within living memory than his shifty and disingenuous handling of the Zinovieff affair. It is the lamentable fact that neither as a man nor as a Minister has Mr. MacDonald won either confidence or esteem, and the universal discredit with which his Government leaves office attaches in a peculiar degree to its chief. After seven months' experience the country has learned that Labor at present has nothing fresh or sane to contribute to our national problems. It has produced no statesman, except perhaps Mr. J. H. Thomas, and no administrator, except perhaps Mr. Snowden; it has solved nothing; it has left upon the national mind the ineradicable impression of a Government of for the most part muddle-headed visionaries swayed at all times and dominated at some by secret, revolutionary, un-English influences.

The verdict of absolute condemnation which has now been passed upon the personnel, the record, and the program and tendencies of Labor is above all things a national and not a party verdict. It must be used in a national and not a party sense. It registers the decisive determination of the British people to cling to the old and tried ways, to have done with the half-comic, half-sinister theorists of revolution, to preserve intact the essentials of our political, social, and economic structure, and to restore that continuity of the national life which Labor has disturbed and those standards of public conduct which it has debased. Thousands of Liberals left their own party and suffered it to be practically extinguished in order to make the judgment of the country the more final and impressive. It is the cause of Great Britain, far more than the Unionist Party as such, that has triumphed; and the mandate which Mr. Baldwin has received, and the colossal means placed at his disposal for carrying it out, will lose both their effect and significance unless they are regarded and utilized as a national trust.

That ought to be clear to everyone. If there are those who imagine that the country has voted for reaction, they are abysmally wrong. If there are Die-Hards in the victorious ranks who infer that now at last their turn has come, they must be quickly and thoroughly undeceived. It is for progress hand in hand with sanity and experience; it is for the spirit of good will and co-operation in all spheres of industrial and social effort; it is for the development of our domestic and Imperial heritage along proved lines; it is for stability, but not at all for immobility, that the country has expressed its overpowering preference.

Politics have more than once of recent years seemed a game in which the side holding all the cards has somehow contrived to present its opponents

with all the tricks. It would be a calamity of the first order if anything of that kind were to happen again. The Unionists today shoulder enormous responsibilities; but every Parliamentary advantage that any party could hope for is also in their keeping. It only remains that they should develop the leadership and the balance and the sense of what is feasible that will make them worthy of the task committed to them and of the opportunities and obligations it entails.

DEVOTES THE WHOLE ISSUE TO NATIONAL DEFENSE

The "Lumber World" comments on the September issue of the MEDICAL RECORDER as follows:

The SEPTEMBER ISSUE (1924), of "The Chicago Medical Recorder"—the official journal of the Mississippi Valley Medical Association, the Tri-State Medical Society and the Medico-Legal Society, a standard magazine of medicine, which is rocking along in its fifty-sixth volume—was devoted ENTIRELY to the discussion of National Defense.

Of course if we could have our way about it, all medical journals would discuss things ENTIRELY outside the realm of medicine, in ALL the articles they print, or at least they would print enough things of general importance and treat them LIGHTLY enough, so that a person of average mind and average attainment might occasionally dip into these medical things, and secure a little mental health from the contact therewith.

We have very much enjoyed reading this issue of the Chicago "Medical Recorder"—just about from beginning to end—and ESPECIALLY has this been true when we realize that our close friend, Lieut. Colonel Lee Alexander Stone, M. D., is APPARENTLY very largely responsible, for this Defense Issue.

We have especially enjoyed Dr. Stone's "Random Shots at Pacifists" and only regret that it is not possible to reproduce that address in the Lumber World Review

Dr. Stone makes some astonishing statements and proves them, concerning the organization of "The Reds in America," which by the way is the title of one of his lectures, and makes us wish that the secretaries of lumber organizations in this country—when they begin to make up their "Speakers' Program"—would include people like Dr. Stone and Capt. C. B. Hopkins and Capt. W. L. Furbershaw, and Fred R. Marvin and James B. Fitzgerald, and SUCH like patriots, to spellbind us and electrify us—and instruct us—at our annual meetings of lumber associations, in January, February and March—RATHER than SOME of the jazz band entertainers they often insist upon our patronizing.

We have no idea how anybody can get possession of a copy of the Chicago "Medical Recorder," but if such literature as that could be circulated in 500,000,000 lots—and if there is really anything in education as often claimed and often VOUCHED for—that sort of thing ought to help to remove the LaFollettes and all their breed, from the face of this round green and revolving earth!

It will do you good, Mr. Reader, just to let us quote the title of the articles that appeared in the September Chicago "Medical Recorder"; "Random Shots at Pacifists"—Dr. Stone; "The Red Menace"—Capt. Hopkins; "The Three Internationals"—Capt. Furbershaw; "Bootlegging Mind Poison"—Mr. Marvin; and "Making a Soldier," by Mr. Fitzgerald.

Not more than one person in a thousand has the least conception of just what the term "Red Menace" means, when mentioned in connection with our institutions. The very reverse of liberty should be meted out to thousands

of apparently decent citizens before the Republic will be secure. We guard too loosely that human condition known as liberty.

We want to take this opportunity of chastising in a few direct words, an editorial misstep of this publication of ours.

We have held, for several months a copy of "LaFollette's Magazine," printed in 1923, in which he proved—according to his disordered and unhealthy mind—that the lumber business of the United States was a devastating and damnable monopoly; and we had meant to print that article in our publication word for word just as it was written, but every time we brought it up to any person who was supposed to be high and mighty in the lumber conscience, they have always argued "Let sleeping dogs lie," when—as a matter of fact—we believe that if the article HAD been used in full and sent to every lumberman's home in the United States, certainly no person in the Land of Boards would have cast a vote on November 4, either DIRECTLY for LaFollette or INDIRECTLY for him.

LaFollette was at that time writing a series of articles on the juggernaut monopolies of America and we are wondering NOW if ALL of his "proofs" and his "climaxes" were as puerile and as utterly rotten and as UNFAIR, as the climax he reached after vitrolizing the pages of his paper with five thousand words of purposeless platitudes—where, in the end, and apparently to clinch the matter, he said, THIS weak thing that will follow this paragraph—apparently believing that it PROVED the whole fabricated set of untruths he had written.

We will try and find enough of the right kind of type in our print shop to bring out the paargraph and crystalize it in the minds of the American lumber industry forever, and here it is:

"Here we see in miniature a picture of what I call GOVERNMENT BY PRIVATE MONOPOLY. Here Mr. Boyle was discussing certain of the state governments, but who can doubt that the influence of the trust reaches as effectively into the federal government, PARTICULARLY WHEN A MEMBER OF THE 'Concatenated Order of Hoo-Hoo,' the secret society of the lumbermen, OCCUPIES THE WHITE HOUSE?"

Warren G. Harding was for fifteen years a member of that social Order, the Concatenated Order of Hoo-Hoo, and we are wondering just what the nine thousand members of that Order will think, when they know, that Robert M. LaFollette considers the body big enough, and strong enough, and VILLAIN enough, to form the lumber industry of the United States into a TRUST?

You can answer all of this, Mr. Pacifist, as you lie on your fat back—like a Chinaman—and put your hands up in the air to be tied; by saying concerning this statement, about the late Warren G. Harding, the twenty-ninth President of the United States, 'Oh THAT don't matter! What if LaFollette DID say it? What if he DID write that in his paper. That was silly. Of course nobody would believe it"—and other LIKE things—but the FACT of the matter is, that people DO believe such things, and it is high time that we met propaganda WITH propaganda—propaganda with the snap of the flag in it, and arguments with teeth so sharp that when they bite, the blood will follow.

So again, more power to Col. Lee Alexander Stone, and his associates, who created the National Defense number, of the Chicago "Medical Recorder."

Outlines of Internal Medicine for the Use of Nurses and Junior Medical Students. By Clifford Bailey Farr, A. M., M. D., Director of Laboratories, Pennsylvania Hospital, Department for Mental and Nervous Disease; Formerly Associate in Medicine, University of Pennsylvania. Fourth and Revised Edition. Illustrated with 69 engravings and 6 plates. Lea & Febiger. Philadelphia and New York. Price $2.75.

This book appears in its fourth edition which contains all and in our opinion even more than is necessary for the instruction of nurses. Indeed it is comprehensive enough for the use of medical students, and while we consider it rather too large for a text book for nurses it certainly makes an excellent reference book for them so that when the attending physician makes the diagnosis the nurse can learn all about the subject by the use of this book. It covers all the ordinary diseases. It is well illustrated, and it is a high grade book in every way so we have no hesitation in giving it our cordial recommendation.

Modern Methods in the Diagnosis and Treatment of Renal Disease. By Hugh Maclean, M. D., D. Sc., Professor of Medicine, University of London, and Director of the Medical Clinic, St. Thomas's Hospital; Honorary Consulting Physician to the Ministry of Pensions; Consulting Chemical Pathologist to St. Thomas's Hospital. Second Edition Revised and Enlarged with four colored plates. Lea & Febiger. Philadelphia and New York. Price $2.50.

This clever book appears in the second edition and maintains the same high standard as the first. It is thoroughly up to date and is really a most valuable book for those desiring to be posted on modern methods of diagnosis and treatment of renal diseases. The chapters on the kidney, the significance of albuminuria, and blood examination in renal diseases are especially good.

Medical Record Visiting List or Physician's Diary. Revised. Published by William Wood & Co.

The Medical Record Visiting List has been so long and so favorably known to physicians that a review is certainly not necessary. As heretofore it is superexcellent. The only change we notice is that in the daily calls made there is a new column marked "page in the ledger" which will simplify posting of accounts very much. As usual it contains a calendar and a series of valuable tables including especially the doses of all

medicines by the mouth, solution for hypodermic injections, doses of narcotics, diagnostic table of contagious diseases and various other useful matters.

CHEMISTRY IN INDUSTRY. A Cooperative Work Intended to Give Examples of the Contributions Made to Industry by Chemistry. Edited by H. E. Howe, Chairman, American Chemical Society Committee on Prize Essays Editor, Industrial and Engineering Chemistry. The Chemical Foundation, Ind. 85 Beaver Street, New York.

This book, published by the Chemical Foundation, is intended to give the reader an idea of the innumerable contributions to industry by chemical science and the extraordinarily important part that chemistry has played in the development of the world and this country in particular. The book then treats of the abrasives, alcohol, electro chemistry, chemistry in the fertilizer industry, gases, glass, iron, leather, metallurgy, paper industry, perfumes, photography, synthetic resin, lumber industry, textile, industry, etc. It should be stated that the book consists of a series of monographs presented by twenty-two of the leading industrial chemists of the United States. Every intelligent man, not necessarily a doctor, should be interested in this particular work, and he will be grateful to us for giving him this advice. There is something to be learned on every page of the book, and it is therefore authoritative in every sense of the word.

ESSENTIALS OF PRESCRIPTION WRITING. By Cary Eggleston, M. D. Assistant Professor of Pharmacology, Cornell University Medical College, New York City. Third Edition, Revised. 32 months of 146 pages. Philadelphia and London; W. B. Saunders Company, 1924. Cloth, $1.50 net.

Eggleston's book on prescription writing is an admirable book for students and contains much valuable information taking in such subjects as Latin, grammar and construction of prescriptions, doses of drugs, vehicles, weights and measures, incompatibility, and a lot of other valuable information. We cordially recommend it.

CLINICAL ASPECTS OF THE ELECTROCARDIOGRAM. By Harold E. B. Pardee, M.D. Associate in Medicine, Cornell University Medical School; Assistant Attending Physician, New York Hospital; Consulting Cardiologist, Lying-In Hospital and Woman's Hospital, New York City. With fifty-six illustrations. Paul B. Hoeber, Inc. Price, $4.00.

"Clinical Aspects of the Electrocardiogram" by Harold E. B. Pardee, M.D., is a book we can cordially recommend. It is unfortunate that the use of the Electrocardiogram, in the diagnosis of heart diseases, has made but little progress. In this book Dr. Pardee has collected all current knowledge of the Electrocardiogram and gives in his volume very complete chapters in its use, the changes due to hypertrophy of the auricles and

ventricles, myocardial abnormalities, abnormal waves, disturbances in the rate of rhythm, with an especially valuable chapter in the description and explanation of the Electrocardiogram.

Life Insurance Examination. Edited by Frank W. Foxworthy, Ph.B., M.D., Indianapolis, Ind., formerly chairman Medical section, American Life Convention, President of the American Association of Medical Examiners, Chief Surgeon Indiana National Guard, Major and Surgeon U. S. A. At present on staff Methodist Episcopal and City Hospitals. Associate Editor "Medical Insurance." For many years a Medical Director, a Medical Referee, and a Medical Examiner. One hundred fifty-six illustrations. St. Louis. The C. V. Mosby company.

This book on life insurance, edited by Dr. Frank W. Foxworthy of Indianapolis, Ind., assisted by a large number of collaborators, about fifty in number, practically all of them connected with life insurance companies and men of wide experience and broad judgment, is one of the best books we have seen on this subject.

It is an exceedingly practical work with chapters dealing with the duties of the various officers of a life insurance company, such as medical director, medical referee, and medical examiner. General instructions are given examiners as how to proceed in the examination of the various organs of the body, blood pressure and the sphygmomometer, the different analyses, health conservation, insurance welfare work, legal aspects, etc.

It is the most valuable work for a life insurance examiner that we know of, so complete and up to date, and we most cordially recommend it, not only to life insurance examiners, but to every physician engaged in physical diagnosis.

Human Constitution. A Consideration of its Relationship to Disease. By George Draper, M. D., Associate in Medicine at Columbia University, New York City. Octavo of 345 pages with 208 illustrations and 105 Tables. Philadelphia and London; W. B. Saunders Company, 1924. Cloth. $7.50 net.

This is a highly scientific work, and in the language of the talented author has three objects. First, to present to the physician a dependable method for studying Morphology; second, to point out the inadequacies of the existing observational and descriptive procedure; and third, to emphasize the importance of the study of the human constitution.

To all those interested in these subjects we cordially recommend the book which is extremely interesting and throws new light on many subjects which are entirely unknown to the average reader. The numerous tables are of great interest and must have required a prodigious amount of time as there are over one hundred of them. This book may justly be considered the ideal text book on the human constitution in its relation to disease.

MODERN METHODS OF TREATMENT. By Logan Clendening, M.D., Assistant Professor of Medicine, Lecturer on Therapeutics, Medical Department of the University of Kansas; Attending Physician, Kansas City General Hospital; Physician to St. Luke's Hospital; Physician to St. Mary's Hospital, Kansas City, Missouri. With chapters on special subjects by H. C. Anderson, M.D.; J. B. Cowherd, M.D.; Carl O. Rickter, M.D.; F. C. Neff, M.D.; E. H. Skinner, M.D.; and E. R. DeWeese, M.D. Illustrated. St. Louis. The C. V. Mosby Company.

This book can be very well endorsed as it is the only recent book on this subject with which we are acquainted. It deals with rest, drugs, ductless glands, dieteties, hydrotherapy, gymnastics and massage, electrotherapy, radiotherapy, hiliotherapy, psychotherapy and other procedures.

Part two of the book is devoted to the application of therapeutics to particular diseases, as for instance, the disease of metabolism, the disease of blood pressure, the digestive system, etc.

It is an eminently valuable book, especially for the student and young practitioner, and even the older physician will find lots of new things therein of value in his daily practice.

A DICTIONARY OF TREATMENT. By Sir William Whitla of Belfast, Ireland. Paul B. Hoeber, Inc. Price, $10.00.

This is the seventh edition of this eminently practical work by the well known Sir William Whitla of Belfast, Ireland, the author of a very excellent work on the "Theory and Practice of Medicine".

This book is arranged alphabetically starting with, "Abdomen, gun shot wounds of" and going through the entire alphabet until it ends up with the subject of yellow fever.

The main part of the book, of course, consists of the treatment applicable to all the various diseases, some of which are described at length, others abbreviated. The arrangement is good, and as sufficient space is given for a general discussion of each diseases it is of far greater value than similar works devoted only to a series of prescriptions for the various diseases. It is especially useful to the busy man who desired to refresh his mind in an emergency on what is best to do in the unusual disease, as for instance what to do in various forms of poison, mycetoma, lymphadenoma, Little's disease, piroplasmosis, Fredreich's disease, Glenard's disease, athetosis, Raynaud's disease, mesenteric gland disease, osteomyelitis (Brodie's Abcess) etc., etc.

TRANSACTIONS OF THE AMERICAN PROTOLOGIC SOCIETY. Twenty-Fourth Annual Session held at Hotel Alexandria, Los Angeles, California, June 22nd and 23rd, 1923. Paul B. Hoeber, Inc. Price, $3.00.

This Society in its twenty-five years existence, has accomplished a vast amount of good. Its annual transactions are most valuable and contain much of interest. This issue, in addition to a most interesting address by

the President, Dr. E. H. Terrell of Richmond, Va., contains articles by a number of distinguished men, such as the Topography of Rectal and Anal diseases by J. R. Pennington of Chicago; Carcinoma of Rectum by Dr. D. A. Buie of Rochester, Minn. Prurilus of the perineum by Dr. J. F. Montague of New York; Anorectal Operations under local anesthesia by Dr. J. T. Sapher of New York, etc.

Abt's Pediatrics. By 150 specialists. Edited by Isaac A. Abt, M.D., Professor of Diseases of Children, Northwestern University Medical School, Chicago. In eight octavo volumes totaling 8,000 pages with 1,500 illustrations, and separate Desk Index volume free. Volume III. Philadelphia and London: W. B. Saunders Co. Sold by subscription.

The third volume of this monumental work is before us and while space does not permit us to take up every article, we desire at least to state that among the contributors to Volume III are Prof. Abt who has written a splendid chapter on Nutritional Disturbances of Infancy; likewise Prof. John A. Foote of Georgetown University, who has written an admirable chapter on Respiratory Diseases; Prof. Grulee of Rush Medical College has written a very valuable article on Gastrointestinal Disturbances in Older Children; Dr. Clemens Pirquet of the University of Vienna, treating of his "Nem" System of Nutrition.

Other most interesting chapters deal with Intestinal Bacteriology by Dean Kendall of Northwestern University; Prof. A. H. Byfield of the State University of Iowa on Chronic Infection of the Upper Respiratory Tract; Prof. McKim Marriott of Washington University School of Medicine, St. Louis, on Celiac Disease; Dr. B. G. DeVries of the Minneapolis General Hospital on Orthodontia; James S. Stone, M. D. of Harvard Medical School on Harelip, Cleft-Palate and Allied Malformations—although we do not agree with his objections to the Brophy operation for cleft palate, having seen too many successful operations of this nature. Prof. Dan Eisendrath on Affections of the Cervical Lymph Nodes; Prof. Carl B. Davis of Rush Medical College on the Surgical Aspect of Diseases of the Rectum; Thomas B. Cooley of Detroit, Mich., on Diseases of the Mouth, Tongue and Retropharyngeal affections. Dr. Henry Dietrich of the General Hospital, Los Angeles, on Diseases of the Salivary Glands. Also a most interesting article by the late lamented Stanton A. Friedberg, Assistant Professor of Laryngology and Otology of Rush Medical College on Laryngoscopy, Bronchoscopy and Esophogoscopy, and many other valuable articles by distinguished authors. This is a work which every physician should have in his library, being in truth a magnificent encyclopedia on everything pertaining to pediatrics.

NEWS ITEMS

Personal.—Dr. Thos. L. Gilmer has limited his practice to consultation. Hours, 10 to 12 A. M., except Saturady. 122 South Michigan Ave., telephone Harrison-0523.

Dr. William O. Krohn sailed from San Francisco, November 22, for a trip around the world.

Dr. William H. Howell, professor of physiology and assistant director of the School of Hygiene and Public Health, Johns Hopkins University, Baltimore, addressed the Institute of Medicine of Chicago, November 28, at the City Club on "Problems in Blood Coagulation."

Dr. Charles A. Elliott, professor of internal medicine, Northwestern School of Medicine, Chicago, addressed the Kent County Medical Society, Grand Rapids, Mich., November 12, on "The Treatment of Goiter" (with lantern illustrations).

Nobel Prize to Einthoven.—It is officially announced from Stockholm that the prize in physiology and medicine is to be awarded to W. Einthoven, professor of physiology at the University of Leyden, inventor of the string galvanometer, which has facilitated electrocardiography. He was born in 1860, and is visiting the United States at present.

Committee for Goiter Survey.—A committee, comprising representatives of a committee of the Illinois state medical society and the board of public health advisers, state department of health, has been appointed to work out a practical plan for conducting a goiter survey in Illinois. The committee is of the opinion that the county medical societies should have charge of collecting the necessary information.

Fund for Research on Anemia.—The board of regents at the University of Michigan, Ann Arbor, has accepted an endowment of $400,000, for medical research, offered by Mrs. Christine MacDonald Simpson, widow of a Detroit manufacturer, $150,000 of which will be used to erect a building and the remainder invested to provide funds for the study of pernicious anemia.

Warning.—The federal narcotic office desires to apprehend a man who calls himself Demster or Gilbert when calling on physicians in this city and vicinity with a letter bearing the forged name of Dr. Emil Ries requesting prescriptions for large quantities of morphin for him. Dr. Ries has never written such a letter but several physicians have been deceived into giving prescriptions. The forger is about 30 years of age, 65 inches tall, weighs 140 pounds and has dark brown hair. Information should be communicated to the federal narcotic office, Wabash 8059, or the man should be arrested.

What Is a "Nordic"?—This and such questions as What do we owe to the alien races in our midst? and Who are we? will be discussed at the eighty-sixth annual meeting of the American Statistical Association, Chicago, December 29-31. The general topic is "Population." Prof. Henry P. Fairchild, Ph.D., New York University, will speak on the racial composition of the American people; the commissioner general of immigration, W. W. Husband, will discuss

the basis of a rational immigration policy; Prof. Don D. Lescohier, the relation between agriculture and population, and Dr. S. J. Holmes will speak on the effect of the public health movement on population. Among other scientists on the program are Irving Fisher, Ph.D., Dr. Ales Hrdlicka, Dr. Alonzo E. Taylor and Frederick G. Tyron. Louis I. Dublin, Ph.D., president of the association, states that the Pollak Foundation plans to issue a volume on the population problem which will embody the results of this conference.

Chicago Laryngologists Have Met for Twenty-five Years.—At the twenty-fifth anniversary of the Chicago Laryngological and Otological Society, Auditorium Hotel, December 1, reminiscences of the first ten years of the society were given by Drs. Frank Allport, William A. Evans, Otto T. Freer, Thomas M. Hardie, Jacques Holinger and Otto J. Stein; of the last fifteen years, by Drs. Albert H. Andrews, Joseph C. Beck, Elmer L. Kenyon, Charles M. Robertson and George A. Torrison. Dr. George E. Shambaugh spoke on "The Future of the Society."

American Public Health Association Meeting.—The Dick test for the diagnosis of susceptibility to scarlet fever and the immunization of nonimmunes by streptococcus toxin was the outstanding feature from the scientific standpoint at the Detroit meeting of the association, says the American Journal of Public Health. The total attendance at this meeting was about 900. The president, Dr. William H Park, New York, was unable to attend on account of illness. Dr. Thorvald H. Madsen, director of the serum institute of Denmark and recently appointed chairman of the health section of the League of Nations, was elected an honorary fellow of the association. At a meeting of public health workers not directly connected with the association meeting, it was decided to establish a medal in honor of Prof. William T. Sedgwick, a former president of the American Public Health Association, and a committee was appointed to develop the project. The association admitted to affiliation the Virginia Public Health Association and the Massachusetts Association of Boards of Health. The next meeting will be in St. Louis in 1925.

The American Board of Otolaryngology.—The American Board of Otolaryngology was organized in Chicago on November 10. The following constitute the board of directors: Dr. Harris P. Mosher, Boston, president; Frank P. Spencer, Boulder, Colo., vice president; Hanau W. Loeb, St. Louis, secretary and treasurer; Thomas E. Carmody, Denver; Joseph C. Beck, Chicago; Thomas H. Halsted, Syracuse, N. Y.; Robert C. Lynch, New Orleans; Burt R. Shurly, Detroit; Ross H. Skillern, Philadelphia; William P. Wherry, Omaha. The office of the Board is at 1402 South Grand Boulevard, St. Louis, Missouri. The board comprises representatives of the five national otolaryngologic associations; the American Otological Society; the American Laryngological Association, the American Laryngological, Rhinological and Otological Society, the American Academy of Ophthalmology and Otolaryngology and the Section of Laryngology, Otology and Rhinology of the American Medical Association. The object of the association is to elevate the standard of otolaryngology, to familiarize the public with its aims and ideals, to protect the public against unqualified practitioners, to receive applications for examination in otolaryngology, to conduct examinations of such applicants, to issue certificates of qualification in otolaryngology and to perform such duties as will advance the cause of otlaryngology. The first examination will be held at the time of the meeting of the American Medical Association.

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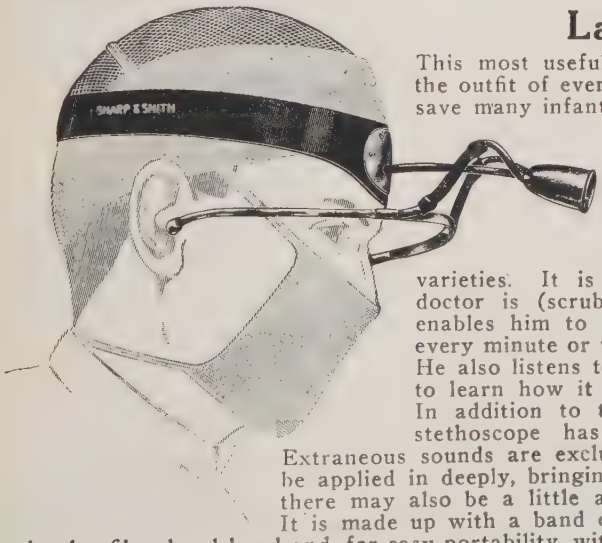

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It was designed especially for use during the second stage of labor of both (spontaneous and operative), but it is even more useful for all the purposes of a stethoscope than the usual varieties. It is worn on the head after the doctor is (scrubbed up) for the delivery and enables him to listen to the fetal heart tones every minute or two without infecting his hands. He also listens to the mother's heart frequently to learn how it is bearing the strain of labor. In addition to this great advantage the head stethoscope has valuable acoustic properties. Extraneous sounds are excluded; by pressure the bell can be applied in deeply, bringing it closer to the fetal heart—there may also be a little audition from bone conduction. It is made up with a band over the top of the head, with a circular fibre head band and, for easy portability, with a ribbon woven strap.

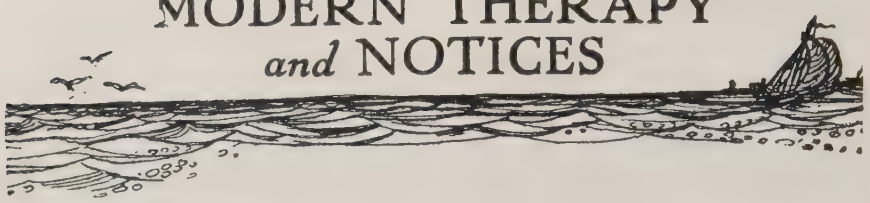
Price, $7.50 Each

SHARP & SMITH

General Surgical Supplies

Est. 1844 **65 E. Lake St., Between Wabash Ave. and Michigan Blvd., Chicago, Ill.** **Inc. 1904**

MODERN THERAPY *and* NOTICES



THE SUPRARENAL PRINCIPLE

When the active principle of suprarenal glands was isolated for the first time—by Takamine in 1900—it was named adrenalin, from the fact that the medullary portion of the suprarenal gland is properly known as the adrenal body. The history of suprarenal therapy has been written for the most part from experience with adrenalin, and the majority of writers on the subject have given the product its proper name as designated by its discoverer well-nigh a quarter of a century ago.

There is now an adrenalin family—in addition to the liquid in vials and ampoules: an ointment, a suppository, an an inhalant, all bearing the name and all depending upon the presence of adrenalin in the formula for their efficacy.

The manufacturers, Parke, Davis & Co., announce that they have a booklet containing practical information on all the adrenalin products, which they will be glad to send to any inquiring physician.

DO YOU BELIEVE IN MIRACLES?

Whether you do or do not, there are many things happening these days which cannot be brushed aside by mere scepticism.

In the November issue of "The Bloodless Phlebotomist" are some authenticated incidents worth reading. Those cases related of the blind who were made to see, and of the deaf who were made to hear, by a bolt of lightning, seem miraculous, to say the least.

The article will be read with much interest by physicians everywhere.

If you have not received your copy of this little journal, notify the Denver Chemical Manufacturing Company, 20 Grand street, New York City, who will be glad to send it without expense to you.

A GOOD SUPPOSITORY

It must be said that of the making of suppositories, as it has been said of books, "there is no end." It might be also said that while all suppositories are good for something, not every suppository is good for everything. If there is an exception to this rule, it might be found in the case of Micajah's suppositories, judging from the popularity which this product has won among the medical profession.

Micajah's suppositories contain no narcotic or habit forming drug,

Many Doctors

Are telling patients hot breakfasts can now be prepared in 3 to 5 minutes

If you subscribe to the "hot oats and milk" breakfasts now so widely advocated, we believe you will be glad to know of this new Quaker Oats—Quick Quaker.

We perfected this new Quaker Oats for busy wives and mothers, who, because of limited time, were serving oats too seldom. They cook thoroughly in 3 to 5 minutes. That's as quick as plain toast.

Quick Quaker Oats are the same as regular Quaker Oats. They are rolled thinner and partly cooked. They cook faster; that is the only difference. All that rich Quaker flavor is retained. All the high quality of oats and milling that make Quaker the top brand of the world.

May we suggest that where oats breakfasts are indicated, you will mention this quick cooking feature to your patients.

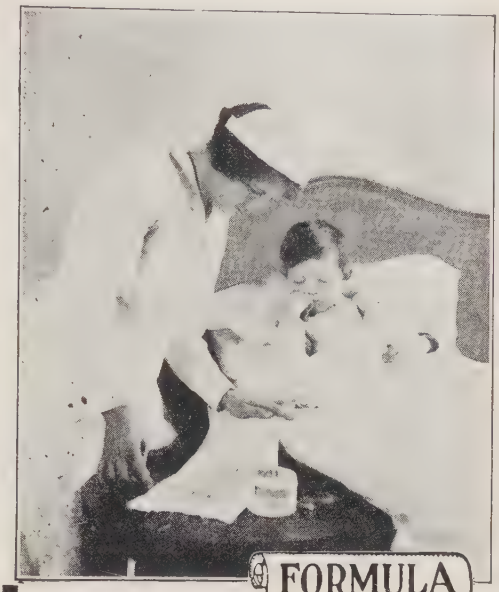
Standard full size and weight packages—
Medium: **1¼ pounds;**
Large: **3 pounds, 7 oz.**

Quick Quaker

Cooks in 3 to 5 minutes

Quaker Oats

The kind you have always known



For the Reduction of Fever— In Pneumonia, Influenza, Coughs, Colds and All Inflammatory Conditions

FORMULA

Guaiacol 2.6, Formalin 2.6,
Creosote 13.02, Quinine 2.6
Methyl Salicylate 2.6,
Glycerine and Aluminum Silicate, qs 1000 parts,
Aromatic and Antiseptic Oils, qs

Spread in a thin layer, never thicker than a silver dollar, on a piece of cloth or gauze, and applied moderately warm over the area involved

Pneumo-Phthysine
TRADE MARK

Is an emplastrum of outstanding merit. It exhibits, on a kaolin base, the drugs shown in the formula. In combination, these act synergistically—one enhancing the action of the others. They are absorbed through the skin and function without deranging the digestive organs.

PNEUMO-PHTHYSINE brings about a lowering of the temperature which becomes evident in from one-half to one hour, and which can be maintained under perfect control as long as necessary.

It is an ethical product, which is not advertised to the public.

PNEUMO-PHTHYSINE CHEMICAL CO.
220 W. Ontario St. Dept. C.M.R. Chicago. Ill.
Send This Coupon for Clinical Trial Specimen

Pneumo-Phthysine Chemical Co.,
Dept. C.M.R., 220 W. Ontario St., Chicago.
Gentlemen:
Please send me, free of charge, a clinical trial specimen of PNEUMO-PHTHYSINE.

Doctor.....
Address.....
.....

neither does their continued use produce any irritation or intolerance. They exert marked styptic action, reduce congestion, oppose inflammation, soothe pain and promote healing. It is not claimed for these suppositories that they act in place of operative measures. However, there exists in the practice of every physician some case in which operation is not permitted or is counterindicated. In such cases, particularly, Micajah's suppositories will be found of great value.

The doctor is not asked or expected to take anything on trust in regard to these suppositories, but is respectfully urged to write to the makers, Micajah & Co., Warren, Pa., for literature, sample, and convincing case reports. Do it today.

A TONIC OF KNOWN RELIABILITY

The known dependability of the tonic action of Gray's Glycerine Tonic Comp. readily accounts for the place it holds today in the regard of countless practitioners, especially in the treatment of atonic indigestion, malnutrition, chronic respiratory diseases, nervous disorders, circulatory derangements, and convalescence from all acute ills.

In the words of a well known practitioner, "You can foretell, almost from day to day, the results that will follow the use of Gray's Glycerine Tonic."

This is why the painstaking practitioner derives such satisfaction from the administration of "Gray's" in all conditions characterized by nervous exhaustion, physical depression, and the general debility that essentially follows the acute infections and functional derangements in general.

FOR FEMALE ILLS

Hyperol is a uterine tonic and corrective, composed of carefully selected hydrastine, aloin, iron, apiol and ergotin in well balanced proportions, which imparts tone to the utero-ovarian blood vessels and to the muscular structures. By thus regulating the local circulation and insuring a nearer normal blood supply it relieves congestion, overcomes the nervous and reflex spasm, relieves pain and aids in rapidly restoring normal functions of the female generative organs. Owing to its unique composition, Hyperol produces a systemic tonic effect that not only substantially increases its benefits, but gives them a permanency seldom obtained from other remedies of its class.

INDICATIONS—Hyperol is indicated in all functional diseases of women such as amenorrhea, especially of chlorotic origin, dysmenorrhea, subinvolution, menorrhagia, metrorrhagia, uterine hemorrhages, the functional derangements of the menopause, ovarian neuralgia, and whenever a utero-ovarian corrective and tonic is required.

The general dosage of Hyperol is one to two capsules three times a day and at bedtime, as the physician's judgment may dictate.

Your little patients
who need whole grains

—Delight them with "Foods Shot From Guns"

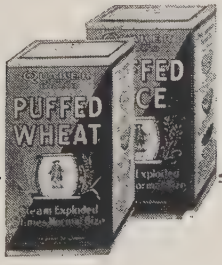
Children who can't be coaxed to eat the usual cereal dishes revel in Quaker Puffed Wheat and Puffed Rice.

Each kernel is a confection with the flavor of nutmeats. But—such wholesome, nutritious confections, whole grains puffed to eight times normal size, every food cell broken to insure quick, easy digestion and assimilation.

Quaker Puffed Grains can be served in an almost endless variety of enticing ways. With sugar and cream, floated in bowls of milk, with fresh or canned fruit. As a between-meal treat, mothers offer a bowl buttered and salted like popcorn.

Adults also like Puffed Grains served these same ways. For the brain-worker they make a sleep invoking bedtime dish which puts no strain on the digestion.

Quaker Puffed Wheat
Quaker Puffed Rice



THERAPEUTIC TIP No. 12

THE COMPOSITION OF A RECTAL SUPPOSITORY IS IMPORTANT. ASTRINGENT AND ANTISEPTIC, STYPTIC AND ANTIPHLOGISTIC, SOOTHING AND HEALING PROPERTIES MUST BE PROVIDED.

MICAJAH'S
Suppositories

SUPPLY SUCH PROPERTIES, CORRECTLY COMBINED. THEY ARE EASY AND ECONOMICAL TO USE. THEY ARE ETHICALLY ADVERTISED ONLY. WHERE OPERATION IS REFUSED, MICAJAH'S SUPPOSITORIES WILL KEEP THE PATIENT COMFORTABLE.

Sample, literature, booklet "Pioneers in American Medicine" on request.

MICAJAH & CO.

143 Conewango Avenue WARREN, PA

F. & R.'s
GENUINE
GLUTEN FLOUR

Guaranteed to comply in all respects to standard requirements of the U. S. Department of Agriculture.

Manufactured by
THE FARWELL & RHINES CO.
Watertown, N. Y., U. S. A.

SAL HEPATICA
LAXATIVE and ELIMINANT

Efficacious in all conditions where intestinal sluggishness arising from functional derangement of the liver and portal circulation is a factor. Sal Hepatica cleans the entire alimentary canal.

Samples for Clinical Purposes

Bristol-Myers Co.
New York

THE ELMS HOTEL

(AMERICAN PLAN)

EXCELSIOR SPRINGS, MISSOURI

Set in a beautiful ten-acre park this exquisite, modern, fire proof Hotel affords an atmosphere of luxury and restfulness seldom found.

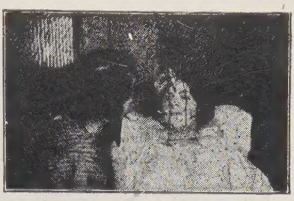
The mineral waters of this famous resort are well recognized as being most efficacious in the treatment of many ailments.

Golf Horseback Riding Dancing Tennis
Boating Swimming

Write for Booklet No. 50 and analysis of the various water.
Rates Quoted Upon Request

ELECTROLYSIS

For Superfluous Hair



The only permanent cure known for superfluous hair, moles, warts, etc. I Positively Guarantee My Work to be Permanent. No Pains or Scars. I use Multiple Electrolysis (many needles), the quickest, cheapest and most reliable of all electric needle methods. Special attention to cases referred to me by physicians.

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ELLA LOUISE KELLER

1200 North American Bldg., 36 S. State St.

Telephone Central 6468 CHICAGO

TO CLEAR THE OPERATING FIELD

Sterile, Antiseptic, Non-Irritant

Use NEET—A bland cream that removes hair without irritating the skin.

In favor with many of the medical profession for depilating in preparation for delivery. Especially valuable if patient insists on home confinement.

Useful in preparation for all abdominal operations or operations on the pubic region.

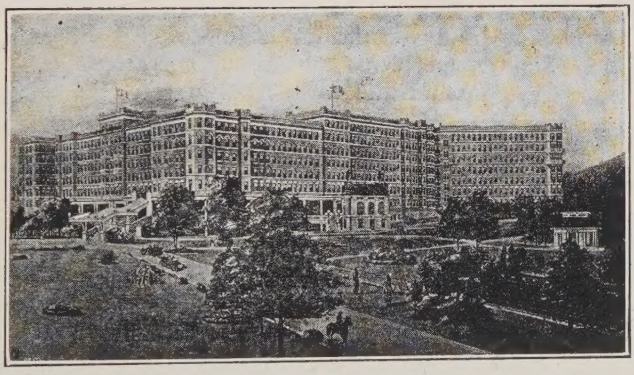
Indicated where simple ulcers on vulva make shaving difficult and painful.

Relieves patient of the discomfort and risk attending the use of a razor.

Incoming growth is slower to reach the surface than if shaved, and is softer and finer than growth following the use of a razor.

A full size trial tube with complete instructions for use will be mailed without charge to any physician requesting it.

HANNIBAL PHARMACAL CO.,—612 Locust St.,—St. Louis, Mo.



CONSTIPATION is practically at the bottom of the great majority of ills to which the flesh is heir. Physicians realize that unless elimination is perfect the waste products remain in the body and auto-intoxication and its long list of accompanying disorders result.

PLUTO WATER IS

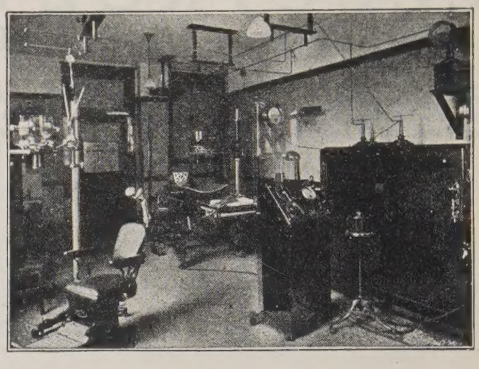
an eliminant, a solvent and a mild purgative, with the ability to cleanse the intestinal tract and thus aid in the restoration of metabolic equilibrium.

THE REMEDY is easy to take and it gives the desired results.

Sample and literature to the medical profession on request to the

FRENCH LICK SPRINGS HOTEL COMPANY, French Lick, Indiana

Department of Pathology, Bacteriology and Serology



X-Ray Operating Room

The Columbus Laboratories

Established 1893

Expert Consultants

Suite 1406 & 1500, 31 N. State St. CHICAGO Phone: Central 2740

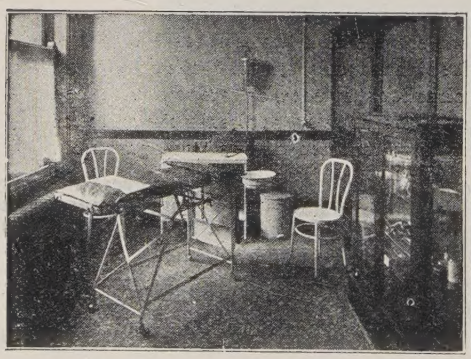
OUR LABORATORY FINDINGS are the result of Thirty Years study of Medical and Chemical problems, assuring you of SCIENTIFIC ACCURACY and DEPENDABILITY.

OUR WASSERMANN TEST STANDS FOR ACCURACY!

X-RAY DEPARTMENT—most modern and completely equipped, including the interpretation of an Expert Roentgenologist, if desired, with Twenty Years Experience.

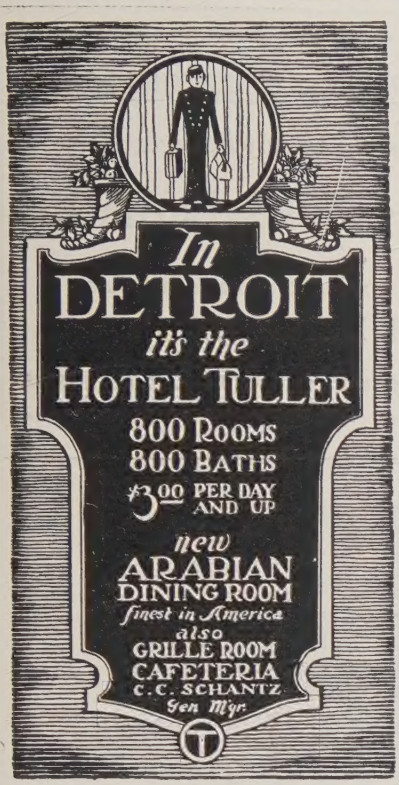
DRUGS AND MEDICINES analyzed for Strength—Purity—Composition.
Disinfectants and Germicides examined for Strength.
Sanitary problems studied and corrected.
Water and Milk Analyzed.

A LABORATORY OF PROGRESS—qualified to satisfactorily Solve Manufacturing and Industrial Problems; Investigate Patent and Legal Affairs; Analyze Foods, Flour, Grain, and Feed for Quality, Purity and Composition.



Salvarsan Room for Doctors

Chemical Research Department



Pershing Hotel

Cottage Grove Avenue and 64th Street

CHICAGO

This, the newest of Chicago's fine hotels, offers quality of accommodations at rates as low as from $2.50 to $5.00 a day. Each room is large, airy, has private bath and is exquisitely furnished.

Get off the train at the 63rd Street or the Englewood Station and you are a few minutes from the Pershing. The right place to stay if you enter Chicago via any one of over 30 railroads, including the Michigan Central, Illinois Central, Big 4, New York Central, Pennsylvania, or Rock Island. Near the South Side hospitals and clinics.

For reservations or folder address Harry E. Rice, Pres., Rice Hotels Corporation, Cottage Grove Ave. and 64th St., Chicago.

Peacock's Bromides

An effective combination of five bromide salts that owes its exceptional therapeutic value to its purity, palatability and potency.

Indicated in **headache, epilepsy, sleeplessness, uterine congestion** and all **reflex, convulsive** and **congestive nervous disorders.**

Dose: One to three drams p. r. n.

Chionia

A reliable preparation of *Chionanthus Virginica.*

Used with gratifying results in **catarrhal jaundice, cholecystitis, auto-intoxication, gastro-intestinal disturbances, malarial infections** and whenever **cholagogue effect** is desired without catharsis.

Dose: One to two teaspoonfuls t. i. d.

Peacock Chemical Company, St. Louis, Mo.

Sanmetto

ALWAYS a SOOTHING and CORRECTING influence

throughout the Urinary Passages

For URETHRITIS—CYSTITIS—PROSTATITIS

AND

For collateral use in general practice to alleviate

PAINFUL MICTURITION

Write for literature and sample. *OD CHEM. CO., 59-61 Barrow St., NEW YORK*

BROMO-SELTZER

FOR

HEADACHES

Cactina Pillets

A safe and dependable cardiac tonic that can be relied on to support, strengthen and safeguard the tired and weakened heart.

Invaluable for promptly relieving and overcoming **tachycardia, palpitation, arrhythmia, tobacco heart and all cardiac ills** of functional origin.

Dose: One to three pillets t. i. d.

Prunoids

A true intestinal corrective that produces physiologic evacuations from the bowel without griping, distress or after-constipation.

Employed with conspicuous success in the treatment of **constipation, intestinal stasis, auto-intoxication** and whenever **thorough bowel elimination** is needed.

Dose: One or two tablets as needed

Sultan Drug Company, St. Louis, Mo.